AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC []CLEC []ILEC []Wireless

		CERTIFICATED COM	<u>IPANY INFOR</u>	MATION			
Netwo	rkIP, LLC						
	any Name		F	E			
				903-323-4900			
Dba/fk	a		· T	elephone #			
119 V	Vest Tyler Street, Suite 100						
	g Address						
Longvi	ew, TX 75601						
	tate, Zip Code						
119 W	est Tyler Street, Suite 100						
	ss Location						
Longvi	ew, TX 75601			Gregg			
City, S	tate, Zip Code		(County			
		DECICTEDED ACI					
		REGISTERED AGI	ENT INFORMA	<u>(HON</u>			
Registered Agent: National Registered Agents, Inc.							
Mailing	Address: 2 Office Park Co.	urt, Suite 103					
City S	tate 7in Code: Colum	hia SC 29223					
Oity, O	(die, 2ip 00de00idin	<u> </u>					
F	Pursuant to the Commission	's rules and regulations,	print or type of	ompany contact for the following areas:			
		•					
A.	Tim Martin	1 17 17 17 17 17 17 17 17 17 17 17 17 17					
	General Manager (Include add	·					
	903-323-4900 Telephone Number			ory@networkip.net ail Address			
	releptione Number	racsimile Number	E-1116	iii Address			
B.	Nichole Janner						
	Customer Relations /Complai	•		•			
	903-323-4900						
	Telephone Number	Facsimile Number	C-1116	ail Address			
C1.	Same						
	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)						
	1-800-605-2577						
	Telephone Number	Facsimile Number	E-ma	ail Address			
C2.	Same						
	Customer Contact (Toll Free I	Number)		\mathcal{D}			
D.	Clint Knoll						
	Engineering Operations (Include address if different than above.)						
	903-323-4900	/					
	Telephone Number	Facsimile Number	E-ma	ail Address			
E.	Same						
	Test and Repair (Include address if different than above.)						
	Same Telephone Number	/ Facsimile Number	<u> </u>	il Address			
	releanage number	Facsimile Number	⊢₌ma	ar Address			

F.							
	Emergencies (During no	on-office hours)					
		1	1				
	Telephone Number	Facsimile Number	E-mail Address				
In ad	dition, please provide the fo	llowing company contact inform	ation to assist in proper routing of corresp	ondence and invoices			
G.	Derek S. Martin						
	Regulatory Officer (in	nclude address if different than abor	ve.)				
	903-323-4900		/ regulatory@networkip.net				
	Telephone Number	Facsimile Number	E-mail Address				
H.	Derek S. Martin	ame)					
	110 Wood Tylor Stroot, Suite 100 Languigus, TV, 75004						
	Mailing Address 903-323-4900	Longview, 1x 73001	1				
	Telephone Number	Facsimile Number	E-mail Address				
l.		T dodinilo (Yd) (Ibo)	E Maii / Marcos				
4.	Interim LEC Fund Mailings (Name)						
	Mailing Address						
		1	1				
	Telephone Number	Facsimile Number	E-mail Address				
J.	Same						
	Universal Service Fund Mailings (Name)						
	Mailing Address Same	1	1	1. W			
	Telephone Number	Facsimile Number	E-mail Address				
≺.	Gross Receipts Mailings	(Name)					
	o. ooo . tooo.p.oago	(Marrio)					
	Mailing Address						
			1				
	Telephone Number	Facsimile Number	E-mail Address				
••	Lifeline Mailings (Name						
	Mailing Address						
		/	1				
	Telephone Number	Facsimile Number	E-mail Address				
			In Ith				
	Derek S. Martin		The Mas				
	This form was completed by (print name)		Signature				
	Associate Regulatory Analyst		03/18/2010				
	Title		Date				
	RETURN COMPLETED FO	DRM TO:					
	Public Service Commission of SC		Office of Regulatory Staff				
	Docketing Department		Attn: Jeanne Gordon				
	Post Office Dra		1401 Main Street, Suite 900				
	Columbia, South Carolina 29211		Columbia, South Carolina 29201	(Rev. PSC 01/2010)			